

MAIL STOP: AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Date 08 / 08 / 03
Mo. Day Yr.

Atty. Docket # 087.000651

Application No. 09/345969

Sir:

Kindly acknowledge receipt of the accompanying:

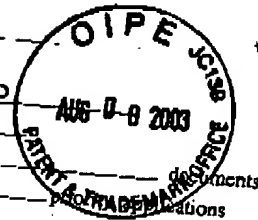
- FOR-D-10
- ☒ Response to Official Action dated April 09, 2003
 - ☒ Check for \$ 84.00 (claims fee)
 - ☒ Petition under 37 CFR 1.136 and Check for \$ 110.00
 - ☐ Notice of Appeal and Check for \$ _____
 - ☐ Information Disclosure Statement, PTO-1449 and _____
 - ☐ Claim for priority and certified copies of _____
 - ☐ Issue fee transmittal and Check for \$ _____
 - ☒ Other (specify) transmittal letter on duplicate

by placing your receiving date stamp hereon and returning to deliverer.

Atty. LSK/fq

Due Date 08 / 09 / 03
Mo. Day Yr.

BY HAND



In re Application of:

Docket No. 01807.000651

LAURENT FROUTIN

Appln. No.: 09/345,969

Examiner: A.V.H. Ly

Filed: July 1, 1999

TC/Art Unit: 2662

For: METHOD AND DEVICE FOR
COMMUNICATING INFORMATION

August 7, 2003

COMMISSIONER FOR PATENTS

Mail Stop: AF

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 170	MINUS	** 200	= 0	x \$9 \$18	\$0
INDEP. CLAIMS	* 9	MINUS	*** 8	= 1	x \$42 \$84	\$84.00
Fee for Multiple Dependent claims \$140*/\$280						\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$84.00

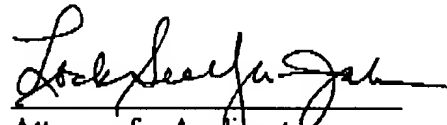
* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☒ A check in the amount of \$84.00 is enclosed.
- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Patent and Trademark Office is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☒ A check in the amount of \$110.00 to cover the Extension fee for response with a one-month extension is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York Office by telephone at (212) 218-2100 or by facsimile at (212) 218-2200. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Lock See Yu-JA4WES
Reg. No. 38,667

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10132-3801
Facsimile: (212) 218-2200

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